

CERTIFICATE OF CHANGE OF AGENT'S RESIDENCE OR BUSINESS ADDRESS DOMESTIC AND FOREIGN LIMITED PARTNERSHIP

Office of the Secretary of the State

MAILING ADDRESS:

Commercial Recording Division
Connecticut Secretary of the State
P.O. Box 150470
Hartford, CT 06115-0470
860-509-6003

DELIVERY ADDRESS:

Commercial Recording Division
Connecticut Secretary of the State
30 Trinity Street
Hartford, CT 06106
860-509-6003

Space For Office Use Only**Filing Fee: \$10.00****Make Checks Payable To "Secretary of the State"****1. Name of the Limited Partnership****2. Effective _____ the business/residence address(es) of the agent of the Limited Partnership
(insert date) in Connecticut are:****Business Address****Residence Address**

Street (P.O. Box is unacceptable)

Street (P.O. Box is unacceptable)

City State Zip

City State Zip

3. Date of execution (Month/Day/Year) ____/____/____

General Partner (signature)

Statutory Agent (signature)

OR

Name of General Partner (type or print)

Name of Statutory Agent (type or print)